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### Nursing News: May 2005

St. Cloud Hospital

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# NURSING NEWS



Volume 26, Number 5

St. Cloud Hospital, St. Cloud, MN

May 2005

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## *Nurses Week 2005*

Almost to the day, one year ago, we received word that our Magnet application and written documentation ranked in the excellent category, thus qualifying us for a site visit; the last step in our Magnet journey. The excitement was quickly replaced with sheer panic – how would we ever get ready for the site visit in four short weeks! Rational thinking once again took hold. We could do this! We knew that the nursing staff was anxious to tell their story to the Magnet surveyors and that they had wonderful examples of living the forces of Magnetism. The surveyors came, spent two days with us and left. One month later we all gathered in the Hoppe Auditorium to get the best news of my professional career – St. Cloud Hospital, you are a Magnet Designated Organization 114<sup>th</sup> in the world and 2<sup>nd</sup> in Minnesota. I still marvel at our accomplishment. We started this journey because we felt that we were performing at the Magnet level and we deserved the recognition for it. Remember our Mantra “You don’t get good because you’re Magnet; you get Magnet because you’re good!”



Achieving Magnet status grants public recognition for the high level of excellence in nursing practice within a health care agency. Nursing departments that realize this recognition should be proud of their accomplishments. We are proud to convey to the public that our nurses make a positive contribution to patient’s outcomes. To be Magnet designated means that St. Cloud Hospital nurses are on the cutting edge of nursing practice. To stay on that cutting edge, we must continually update our nursing knowledge. Magnet facilities have a proven level of excellence in nursing care.

Magnet designation is now often used by new graduate nurses to help them determine where to get that important first job. We have had 150 plus applicants this year. We had 48 open positions. We offered 35 and have had acceptance from 34 graduate nurses. It is also used by consumers who want reassurance that they are getting the best possible care when they need nursing services. “It’s all about you.” Accrediting and regulatory bodies are interested in the whole health care organization, but Magnet designation is specifically about us; about the way our professional nursing practice is supported by our organizations, and about the way we are challenged to provide the best possible patient care. Principles of magnetism challenge us to accept new accountability – to practice in a way that allows us to relate personally to each of our patients and colleagues, and to rediscover the wonder of professional development. Magnet designation is the recognition of nursing services reaching a high level of excellence.

In a recent study, Kramer and Schnalenberg (2003) investigated the concept of clinical autonomy among Magnet hospital staff nurses and found a strong relationship between the degree of autonomy and quality of patient care. Research (Upenieks, 2003) has measured empowerment, power, autonomy, nurse control over practice, and relationship between nurses and physicians. Upenieks found that nurses working in Magnet hospitals experienced a greater level of empowerment and job satisfaction than non-Magnet hospitals due to greater access to nurse leaders, better support for clinical decision making and greater access to information and resources.

Just this week we received an e-mail from Marlene Kramer referenced above! I was excited just with that, but when I read further and realized what she was offering to us I was ecstatic! Here is the e-mail.

*By way of introduction, I am Dr. Marlene Kramer, from Health Science Research Associates, located in California and Arizona. We have been conducting research on Magnet Hospitals since 1983 and recently published psychometric data on a new tool--Essentials of Magnetism--that we developed to measure the professional (magnetic) work environment in acute care hospitals from the staff nurse perspective, as well as three outcome measures. An honors student, Suzanne Lewis, from the University of Wyoming recently tested about 30 of your staff nurses on the EOM tool; we assisted her by scoring and helping her to analyze her data.*

*With the knowledge and permission of both Suzanne and her faculty adviser, I am writing to you because your small sample of 25 nurses scored unusually high in Clinical Autonomy. My colleagues and I are in the process of conducting an evidenced based management practice study to ascertain the structures and environmental conditions needed to enable staff nurses to practice autonomously. Six magnet hospitals that scored high in autonomy are participating. This was all the hospitals that we had invited and needed for our study. However, when we saw Suzanne's data on your nurses' performance on autonomy--we changed our minds.*

*I would like to cordially invite St. Cloud's Hospital to participate in this Autonomy study. Participation would entail testing a larger sample of nurses from all units of the hospitals. You are a 480 bed hospital, so you must have a complement of 500 to 550 FTE staff nurses. We aim for a 25% sample, so that would about 125 to 150 respondents. We could use the 25 or so that we scored for Suzanne, leaving about 100 more needed. If the data from this larger sample confirms what Suzanne found, then we would like to conduct on-site individual interviews with 2-3 staff nurses, the nurse manager, and a physician on each of the units in your hospital where staff nurses report high autonomous practice. In a hospital your size, I would expect this to be about 6 or 7 units. The interviews take only about 15 to 20 minutes, so that 14 to 16 can be conducted in one day. Interviews can be conducted in offices or conferences on the clinical unit, enabling as little disruption to patient care as possible.*

*If you are interested in participating, please let me know and I'll send you the research plan and protocol and other materials you would need for IRB approval, answer your questions etc. It may even be possible to piggyback the first part of the above described study onto Suzanne's protocol, thus enabling more time to get the latter aspect of the study through IRB.*

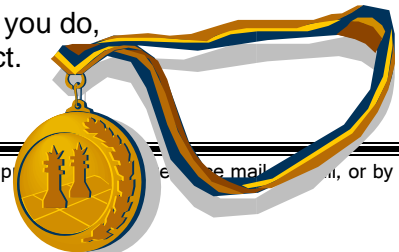
*Thank you for reading what turned out to be a rather long email and for considering my request.*  
Marlene Kramer

This is a wonderful compliment to our organization, our nursing leadership who promote the professional practice environment and to our staff who believe that they can practice professionally and autonomously.

Thanks to Pat Rauch, Kris Nelson and Teri Houle who facilitated Suzanne's research on their units. What a nice response to hear regarding your staff nurses and how they perceive their practice on their units.

The ANA's Magnet recognition program has far-reaching professional, societal, governmental, and global implications. Professionally, inherent in the Magnet concept is the recognition of nurses' worth. Consumers perceive nurses as key in determining the quality of patient care and so are eager to find the hospitals with the best quality services. Magnet designation gives the recipient not only the recognition of superior performance, but also an obligation to sustain this performance so expectations of the clients (patients, families, nurses) are fulfilled. We are up to this challenge!

Thank you. You have my utmost respect and admiration for the work that you do, the professionalism that you display and the human dignity that you protect.



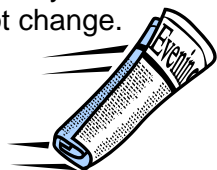
Happy Nurses Week!!!!

Linda Chmielewski, MS, RN, CNA, BC  
Vice President, Hospital Operations/CNO

### **Extra! Extra!**

Starting in June, the Nursing News will be renamed to **Patient Care News**. We assure you that the content of the Newsletter will not change.

Deb Kaufman  
Patient Care Support



### **Honoring Nurses! Many roles, one profession!**

During Nurses week May 2-6, St. Cloud Hospital would like to say thank you to all of the nurses and patient care assistants for sharing their talents with the Central Minnesota communities they serve.

Nurses are invited to attend breakfast on Thursday, May 5<sup>th</sup>, 7:30 am -10:30 am in the Spruce Room with overflow to tables in the lobby on C level.

Back by popular demand, the engaging Norma Krumwiede, EdD, Med, MN, RN, from Minnesota State University, Mankato, will present *"Turbulent waiting with intensified connection: Understanding family experience of Neutropenia"*. Norma will be appearing from 11:15 a.m. to 12:45 p.m. and/or 1:15 p.m. – 2:45 p.m. on Monday, May 2<sup>nd</sup> in the Hoppe Auditorium. This will be worth 1.5 CEUs.

Don't forget about the poster contest in the "C" lobby.

Nurses Week Committee



### **Daycare**

Daycare is not provided at educational events. If you do not have daycare available, one opportunity would be to contact Campus Playhouse Child Center on the St. Cloud Technical College Campus at 320-534-0174 and ask for Kirsten.

For more details, please access CentraNet, then click on the Education Tab.

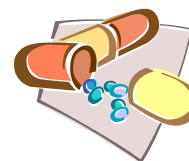
Education Department

### **A Name Change to Prevent Future Mix-ups:**

Name mix-ups can be serious enough to prompt a change. There have been reports of prescriptions incorrectly filled for Reminyl and Amaryl. Reminyl (galantamine) is used for Alzheimer's and Amaryl (glipmepiride) is used for non-insulin-dependent (type II) diabetes mellitus; both could have a dosing schedule of 8 mg once daily.

Notification on a name change has begun. Reminyl will have the new trade name of Razadyne.

Nancy A. Sibert  
Medication Safety Pharmacist



### **"Look Alike/Sound Alike" Medications – Chapter XIV**

DESOGEN	digoxin
fluvoxamine	fluvoxate
FOLTX	FOLEX
imipramine	hydralazine
INSPIRA	SPIRIVA
LOSEC *	LASIX
PAMELOR	PANLOR
PATANOL	PLATINOL
TAMIFLU	THERAFLU
valsartan	losartan

\*Losec (omeprazole) is still available in Canada and other countries; the name in the U.S. was changed to Prilosec shortly after release due to reports of mix-ups.

Medication error reports may be caused by drug names that sound or look alike. When handwritten or verbally communicated, some names could cause a mix-up. The list above includes recent and common mix-ups that have occurred or have the



potential to cause a mix-up, nationally or here at St. Cloud Hospital. (Brand names are capitalized.)

*Nancy A. Sibert  
Medication Safety Pharmacist*

## ***New Web Site***

St. Cloud Hospital, like hospitals across the nation, is included on [www.hospitalcare.hhs.gov](http://www.hospitalcare.hhs.gov), a Web site launched earlier this month by the federal government. The site is designed for consumers to review quality information about the nation's hospitals. The Web site features 17 measures regarding treatment of heart attacks, congestive heart failure (CHF) and pneumonia. Among the measures: aspirin and beta blockers at arrival and discharge for heart attack patients; smoking cessation counseling for heart attack, CHF and pneumonia patients; thrombolytic coronary intervention within 120 minutes of arrival for heart attack patients.

For most of the measures, St. Cloud Hospital ranked as good or better than other hospitals in Minnesota and the United States. The data featured on the Web site is at least one year old; we have made great strides in achieving better results during the past year. Please note that:

- For some of the measures, we believe the appropriate care was given but documentation was not always present to accurately reflect the care given; we have worked with physicians and nurses to implement documentation tools to help in this process;
- Physicians, nurses and administrators have worked diligently on our reminder systems to ensure that the requirements are known, and that the care given is documented;
- We are educating patients about what to expect and we are asking them to speak up if they have questions or concerns;
- St. Cloud Hospital is planning to implement a quality section on [www.centracare.com](http://www.centracare.com). Updated information will be available there.
- St. Cloud Hospital is committed to improving these measures and this is a priority area for performance improvement; we believe that

these efforts show in our internal current reports and thus will be evident in next year's report

Please call if you have any questions or concerns about St. Cloud Hospital's quality efforts.

*Mary Buhl  
Director, Performance Improvement & Risk Mgmt.  
Ext. 55780 or [buhlm@centracare.com](mailto:buhlm@centracare.com)*

## ***Requesting a Cut for: Memorial Day Weekend July 4<sup>th</sup> Weekend Labor Day Weekend***

Sign up forms for the summer holidays will be available on the patient care units according to the following timeline:

- **Memorial Day Weekend** – Forms will be delivered to the units on Thursday, May 12th, and picked back up from the units on Wednesday, May 25th. Forms will include sign-up space for Saturday, Sunday, and Monday.
- **July 4<sup>th</sup> Weekend** – Forms will be delivered to the units on Thursday, June 23rd, and picked back up from the units on Wednesday, July 1st. I apologize for the short timeframe, which is due to our ANSOS staffing/scheduling program limitations.
- **Labor Day Weekend** – Forms will be delivered to the units on Thursday, August 18th, and pick back up from the units on Wednesday, August 31st.

Please make sure to **print** your name and a number where you can be reached. We will try to honor as many requests as possible.

### **The cut-off times the Staffing Office uses to notify staff at home are:**

- 1:30 pm for the 3:00 pm shift
- 5:30 pm for the 7:00 pm shift
- 8:30 pm for the 11:00 pm shift
- 9:30 pm for the 7:00 am next day shift

If the shift does not start at one of the above times, the general rule is that notification should take place 1 ½ hours before the start of the shift.



**Cut-off times for staff who are working are:**

- 2:00 pm for the 3:00 pm shift
- 6:30 pm for the 7:00 pm shift
- 10:30 pm for the 11:00 shift

Sue Laudenbach

Coordinator, Staffing/Scheduling/Secretarial Svcs.

## **UNDERSTANDING SHAKEN BABY SYNDROME**

Suzanne Franklin Carbaugh, RNC, MS, APRN, NNP

Advances in Neonatal care,  
Vol 4, No 2 (April), 2004: pp 105-116

Shaken baby syndrome (SBS) resulting in head injury is the leading cause of death and the most common cause of long-term disability and permanent damage in physically abused infants and children. The immediate and long-term outcomes of head injury caused by SBS are worse than head injuries from other causes. At least 1 of every 4 victims die, and >50% have some type of residual neurological or visual impairment or both.

SBS, also referred to as *shaken impact syndrome* (SIS) is a non-accidental traumatic injury resulting from the violent shaking of an infant or child.

### **Risk Factors**

Identifying risk factors is an important first step in preventing SBS.

- **Infant Risk Factors:** Victims of SBS are frequently < 1 year of age; most often they are < 6 months of age. Male infants are at greater risk than females for abusive head trauma.
- **Parent and Caregiver Risk Factors:** Males, especially biological fathers, mothers' boyfriends and stepfathers are the most frequent perpetrators.
- **Environmental and Social Risk Factors:** SBS generally occurs when a caretaker becomes frustrated, overwhelmed or angry and is often triggered by inconsolable crying. Perpetrators may shake the infant out of sheer frustration, a desire to stop the infant from crying or because of unrealistic expectations of the infant.

### **Clinical Manifestations**

The clinical presentation can range from mild to severe. It is often vague and may mimic symptoms of an infectious process, a metabolic disorder, an

unusual neurological disorder, or trauma.

Frequently, no external sign of injury is apparent. Although symptoms are likely present immediately after a shaking incident, depending on the severity of the injury and the willingness of the caretaker to admit infant abuse, medical attention may be delayed. Following an incident, caretakers may place the infant in a crib or bed with the hope that the infant may recover. As a result, the opportunity for early intervention may be lost.

Sequelae from infant shaking can range from no adverse effects to death.

### **Prevention**

Public education campaigns are needed in order to increase public and health care professionals' awareness about the seriousness of SBS, prevention strategies and the implications this problem may have on individuals and society.

### **Conclusion**

Health care professionals involved in the care of infants are in an ideal position to identify and to educate families, the public and other health care professionals about the risk factors, dangers and consequences of infant shaking. Health care professional involvement in prevention is essential to reduce the incidence, morbidity and mortality of this preventable disorder.

*Submitted by:*

Anne Cormier

Director of Children's Center



## **Confidential Patient**

For any patient that wishes to be made confidential after the admission process, please make sure the patient fills out a "Facility Directory Disclosure" form. The policy and the forms can be found on the CentraNet under MANUELS/ST. CLOUD HOSPITAL/HIPAA/FACILITY DIRECOTRY DISCLOSURE. The form will also need to be filled out if the patients wishes to be taken off of confidentiality status.

Please remember: The patient's status will not change until the Admission department receives a copy of the form. Please call with any questions.

*Julie Warzecha*

*Director, Registration/Admission and Information*

*Ext. 57220*



## ***Catering to You***

Over the past couple weeks we have been working to implement the final components of the Catering to You program. I have listed a summary of these changes below.

1. Nutrition Services is implementing a new software system called Horizon. The Catering Associates will be using tablet PC's to take patient's menu selections. The orders will be taken and a tray ticket will be generated. The tray ticket (example attached) will have the selected items, carbohydrate choices, grams of protein, and calories. There is also a tally on the bottom of the ticket that includes calories, protein, carbohydrate choices, and fluid for that meal.
2. Permanent menus will be placed in the patient rooms. This "Menu at a Glance" contains the regular diet options and alternates. The CA's will help guide the patient through menu selections for patients on modified diets. These menus will be cleaned by housekeeping and will be placed on the tray table for the next admit. When orienting the patient to the room, please show the patient the menu as a guide to make their meal choices.
3. Diet Orders are being streamlined. We are in the process of creating a diet formulary for Saint Cloud Hospital. A diet formulary will inform physicians and staff as to the type of diets available to order and the content of the diet.
4. A diet order must be in the system before a tray will be delivered to the patient. The CA's cannot take verbal order for diet changes. Tray tickets will be generated from the computer system once the order is in the computer. Please make sure the most current diet is in the system for meal times.
5. Admissions/Discharges/and transfers, especially during mealtimes, need to be communicated. Please continue to page changes after the posted cut off times.

We hope you will be pleased with the changes we are making to improve our process. Please contact us if you have any questions or concerns.

*Shari Nusbaum*  
*Patient Services Manager, Nutrition Services*

Ext. 54630

## **"A Gift of Hope"**

The purpose of this project was to implement bereavement support to family members/significant others after the death of an adult patient at St. Cloud Hospital. This project was modeled after the Pediatric Bereavement Support Group.

The contents of "A Gift of Hope" include a photo box, which contains a hard covered journal, a booklet from Spiritual Care called "My Friend, I Care", a book by Mary I. Farr called "If I Could Mend Your Heart", a pen, a statement of sympathy typed in six different languages, and a sympathy card. The box will be given to the family members of the deceased patient before they leave our facility. If the family members are not present, the box should be sent with the patient to the respective funeral home chosen by the family.

The "A Gift of Hope" can be ordered through JRS (Order Entry/Distribution/"A Gift of Hope"). This has also been added to the death checklist as a prompt to order the box. Distribution will deliver the box directly to your unit. Before presenting the box to the family, we ask that you pass around the sympathy card to those staff members who were involved in the care of the patient. If the patient was only on your unit for a couple of hours/short time, simply sign the card "From the Nursing Staff of St. Cloud Hospital". Once the card has been signed, return the card to the box then present the family with "A Gift of Hope".

This project has been funded by the St. Cloud Hospital Auxiliary and has been a privilege to create and assemble. Many unit representatives and volunteers willingly gave of their time to make this project a success.

"Gift" boxes can be distributed to patients families as needed beginning May 1<sup>st</sup>. (They can be ordered from Distribution at that time). Over the next year, if you come in contact with any inspirational books/ booklets, please send the name of the book and author, to the committee co-chairs: Brenda Hommerding, Ext. 53491 and Karen Neis, Ext. 54212.

If you have any questions or concerns, please feel free to give us a call.



*Brenda Hommerding, Oncology*  
*Karen Neis, Patient Care Support*

## ***Educational and Professional Development Programs***

### May, 2005

- 3 TNCC Renewal, Conference Center
- 4 Surg & Spec Care Conf, Windfeldt, Plaza
- 25 Basic Preceptor Class, Fireside
- 26 Basic Life Support, Skyview

### June, 2005

- 4/5 Clinical Aromatherapy, Module 3, Spruce

### August, 2005

- 6/7 Clinical Aromatherapy, Module 4, Spruce

### \*Upcoming BLS Classes:

May 26<sup>th</sup>

June 2<sup>nd</sup>, 9<sup>th</sup>, 16<sup>th</sup>, 23<sup>rd</sup> and 30<sup>th</sup>

(All BLS classes are held in the Skyview Conference Room.)

Call Ext. 55642 for more details.

## ***Clinical Ladder***

Congratulations to the following individuals for achieving and/or maintaining their Level IV and Level III Clinical Ladder status!

### **Level IVs**

#### **Jeanne Friebe, RN                      Family Birthing**

- Taught NICU Didactic Class
- Taught Low Risk Obstetric Class
- Updated/Revised Childbirth Education Classes
- Board Certified Lactation Consultant
- Chair, PI Committee
- Chair, Family Centered Care for FBC

### **Level IIIs**

#### **Sherri Reischl, RN                      CCNS/ETC**

- Assisted: Health Care Directives at Whitney Sr. Center
- Member and Co-Chair, PI Committee
- Preceptor
- Presented Stations at Unit Education Day

#### **Naomi Gertken, RN                      Operating Room**

- Participant, OR Open House
- Member, Employee Satisfaction Committee
- Taught Surgery "Time Out" at OR Ed Day

#### **Lori Asfeld, RN                      Family Birthing**

- Developed Orientation Plan Book for OR
- Problem Solved with Housekeeping
- Developed Resource Book for Leg Bag and Voiding Trials
- Member, FBC Patient Care Council
- Member, Employee Satisfaction Task Force
- Assisted in Development of Team Nursing Outlines

#### **Cathy Barden, RN                      Surgical Care**

- Presented Nursing Process Inservice
- Member, PI Committee
- Preceptor
- Member, Scrubs Committee
- Champions Assessment and Treatment Audit

#### **Sheila Campbell, RN                      Operating Room**

- Preceptor
- Taught Monitoring of Patients in OR at Ed Day
- Member, Employee Satisfaction Committee
- CCRN Certification
- Developed Orientation Plan Book for OR

#### **Ann Gagliardi, RN                      Operating Room**

- Member, PI Committee
- Chair, Perioperative Practice Committee
- Presented Perioperative Flowsheet Changes at Unit Meeting
- Member, AORN
- Revised 15 Policies and Skill Sets

#### **Lori Kurowksi, RN                      Children's Center**

- PI Committee & Champions: Assessment & Treatment of Patient in NICU
- Preceptor
- Member, Unit Patient Care Council
- Certification in Neonatal Intensive Care Nursing

#### **Kris Menke, RN                      CPRU**

- Assisted: Women's Health 101 Cardiology Booth
- Member, PI Committee
- Certified Biphasic Defibrillators at Ed Day
- Percutaneous Coronary Intervention Information Sheet

#### **Julie Harris, RN                      Kidney Dialysis**

- Member, PI Committee
- Member, ANNA
- Developed Patient Teaching Board on Fluid Management
- Member, Fire Brigade for Brainerd Hospital

